

Pay for Performance: Using a Public Scorecard To Drive Medical Group Quality

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OPA-CPAC Policy Briefing

September 23, 2003



What is IHA?



Integrated Healthcare Association

- California leadership group of health plans, physician groups, & health care systems, plus academic, purchaser, pharmaceutical, consumer, & new technology members
- Committed to policy development, public dialogue, and innovative projects associated with the continuing evolution of managed health care.



Overall Goal of P4P



Create a *compelling* set of incentives that will drive *breakthrough* improvements in clinical quality and the patient experience.



The “Compelling” Incentives



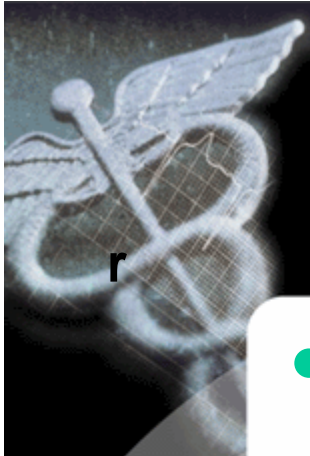
- Common performance measures to focus physician group attention
- “Significant” health plan bonus \$\$\$ to recognize and reward performance
- A public scorecard to create transparency and accountability – and motivate groups to do better



Key Objectives of the Public Scorecard



- Provide purchasers with differentiation at the provider group level -- to complement value-based benefit design
- Create public accountability for groups
- Educate consumers about differences in medical group quality
- Encourage consumers to understand the role of their medical group
- Encourage consumer choice about groups, not just plans and doctors



The P4P Fundamentals



- Commercial HMO/POS enrollees
- A balance of clinical, patient satisfaction, and IT metrics
- Audited admin data for clinical scores
- Independent entity to aggregate data
- *Individual* health plan bonus programs
- Reward improvement *and* performance
- Public reporting – in partnership with OPA



Participating Health Plans



- Aetna
- Blue Cross of California
- Blue Shield of California
- CIGNA HealthCare of California
- Health Net
- PacifiCare
- Western Health Advantage (in Year 2)
- Others in year 2.....?
 - About 300 physician groups
 - Approx. 7 million HMO enrollees



The Clinical Measures (50% of the Score)



Preventive Care

- Breast Cancer Screening
- Cervical Cancer Screening
- Childhood Immunizations

Chronic Disease Care

- Appropriate Medications for People with Asthma
- Diabetes: HbA1c Testing
- Coronary Artery Disease (CAD): Cholesterol LDL Screening



Potential Future Measures



- CAD Cholesterol Mgmt. -- LDL *Levels*
- Diabetes -- HbA1c *Levels*
- Appropriate Antibiotic Use?
- Advising Smokers to Quit (survey or system measure)?
- Chlamydia screening?
- Colorectal screening (survey measure)?



Patient Satisfaction (40% of of the Score)



Four key domains, each equally weighted:

- Communication with doctor (10%)
- Overall ratings of care (10%)
- Specialty care(10%)
- Timely Access to care(10%)
 - Same areas as current OPA report card
 - Taken from Consumer Assessment Survey

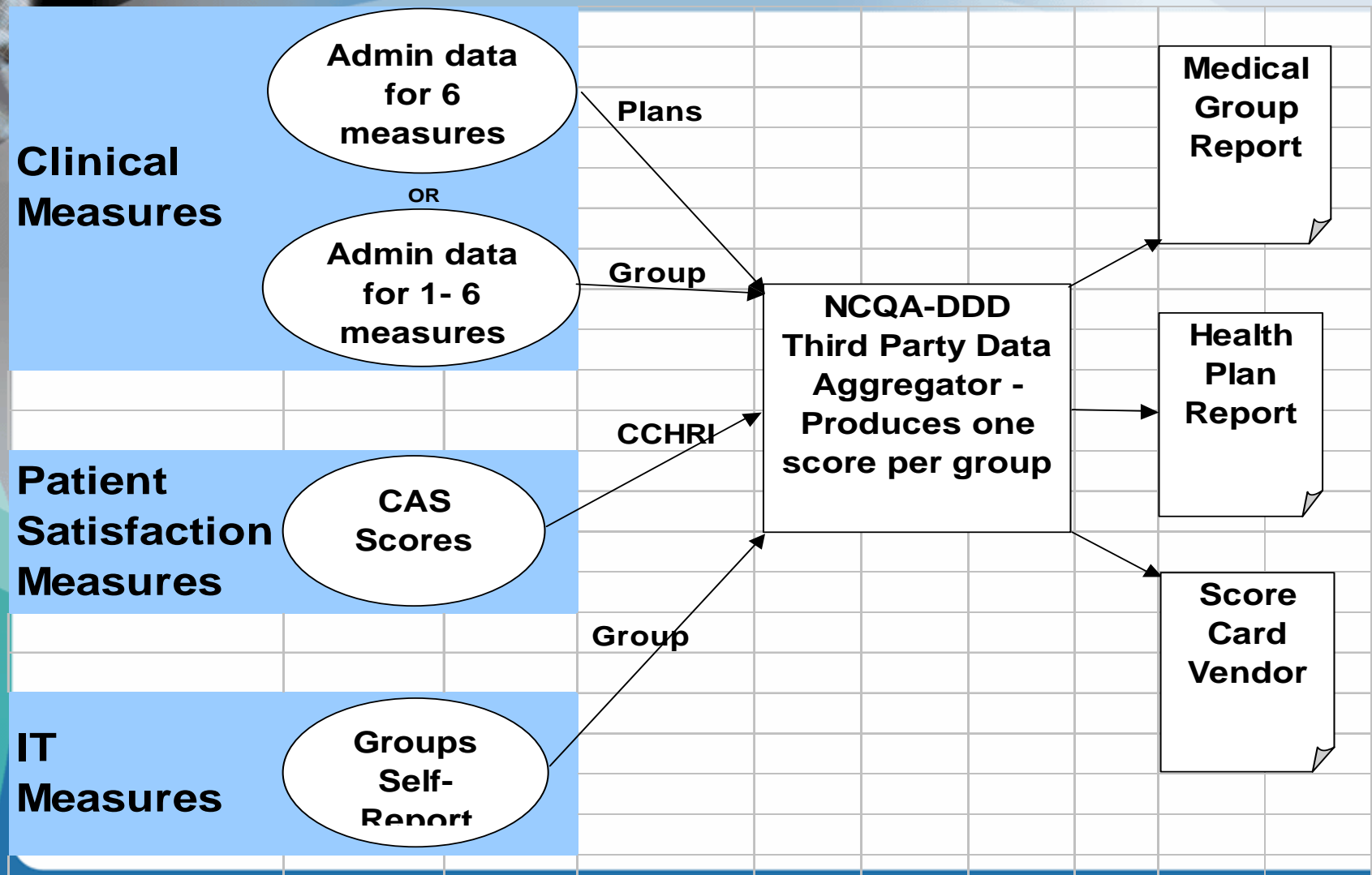


IT Measure (10% of the Score)



- Groups show capabilities in either:
 - Clinical data integration at group level
 - Clinical decision support (point of care)
- Will get more difficult over time
- May raise IT weight to 33%
- May add a “patient experience” domain, e.g. e-mail, same-day appointments

Data Collection Overview





The P4P Scorecard



- Partnership w/ Office of Patient Advocate
- IHA responsibilities:
 - Measurement set design and weighting
 - Data collection and validation
 - Funding of the independent data aggregator
- OPA responsibilities
 - Selection, management, funding of vendor
 - Final design of scorecard
 - Scorecard production & distribution
 - Evaluation of scorecard use and impact

What Has Been Decided



- What categories will be rated
- How data will flow and be validated
- The 50-40-10 weighting of the categories
- Same basic 3-part format for the OPA report – i.e., HMO-Medical Groups–Linguistic Access
- Continue use of drug stores for print version
- More detailed web-based version
- Consumer friendly
- Include Spanish and Chinese versions
- Encounter data threshold 2.7 pmpy
- Released in September 2004



What Has NOT Been Decided

- How to describe “inadequate data”
- Thresholds for scoring
- How many categories to display
- How to create jargon-free descriptions
- Iconography for the display – 4 stars?
- Use of an overall numerical score?
- How to accommodate 300 vs. 130 groups
- What to do with very small groups
- Selection of the vendor – OPA 2004 process

MEDICAL GROUP SUMMARY CHART

OPA 2003 Quality of Care Report Card



San Fernando, San Gabriel and West Los Angeles

Medical Group	Overall Rating of Care	Timely Care and Service	Getting Treatment and Specialty Care	Communicating With Patients
Medical Group	☆	☆	☆	☆
Medical Group	★★	★★	★★	★★★
Medical Group	★	★	★	★★
Medical Group	★	★	★	★★
Medical Group	★	☆	★	★★
Medical Group	★	★	★	★★
Medical Group	★★	★★	★	★★
Medical Group	☆	☆	★	★
Medical Group	★	☆	★	★★
Medical Group	★	★	★	★★
Medical Group	★	★	☆	★★
Medical Group	★	★	★	★★
Medical Group	★	☆	Not rated	★★★
Medical Group	★	★	★	★★
Medical Group	★	★	★	★★
Medical Group	☆	☆	★	★
Medical Group	★★	★★	★★	★★★
Medical Group	★	★	★	★★

Ratings Key

Excellent ★★★

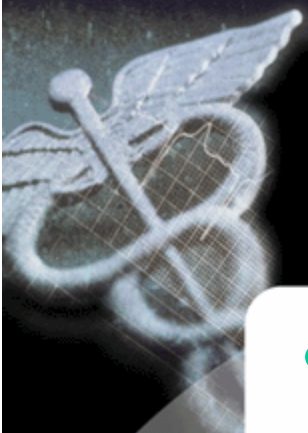
Good ★★

Fair ★

Poor ☆

"Not rated" means the medical group had too few patients in the sample to report this result.

Pay for Performance - a *Rewarding Results* National Grant



IHA Ad Hoc Subcommittee on 2004 P4P Scorecard



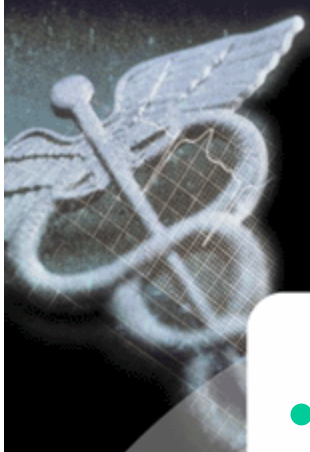
- Advisory role to OPA process
- Broadly representative of key stakeholders
 - Purchasers – CalPERS, PBGH
 - Health plans – Blue Cross, Blue Shield
 - Medical Groups – Brown & Toland, Sutter
 - Consumers – Health Rights Hotline, CU
 - Industry experts – Judy Hibbard, Sapient
 - Plus IHA and OPA staff
- Three meetings -- September to December



P4P Scorecard Timeline



- Jan. 2003 – Measures complete; begin P4P Year 1
- Feb. 2003 – announce IHA-OPA partnership
- Jun. 2003 – Select NCQA/DDD as data aggregator
- Sep. - Dec. 2003 – Ad hoc subcommittee meets
- Jan. - Mar. 2004 – OPA RFP process for 2004 vendor
- Mar. - Jun. 2004 – final design & display decisions
- Jun. 2004 -- Data aggregator issues Year 1 data
- Sep. 2004 – OPA release of scorecard



How to Contact Us

- Consult web site for updates – www.iha.org
- Sign up for e-Updates: e-mail to P4Pinfo@iha.org
- Contact IHA directly:

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